

Application Data Sheet

**Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	METHOD AND UNIT FOR CLEANING PIECES CONTAMINATED WITH ORGANIC MATTER
Attorney Docket Number::	0526-1112
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	5
Small Entity?::	Yes
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent	No
Appl.?::	

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: HENRI  
Middle Name::  
Family Name:: DROGUE  
Name Suffix::  
City of Residence:: TREFFLEAN  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing 17, CHEMIN DE TREVESTER  
Address::  
City of Mailing Address:: TREFFLEAN  
State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: F-56250

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: MARTIN  
Middle Name::  
Family Name:: GOIBIER  
Name Suffix::  
City of Residence:: SENE  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing 10, PLACE DE FLORESTI  
Address::  
City of Mailing Address:: SENE

State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: F-56860

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: SALVATORE  
Middle Name::  
Family Name:: AUGERI  
Name Suffix::  
City of Residence:: VANNES  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing Address:: 6, RUE DU PONT D'ARGENT  
City of Mailing Address:: VANNES  
State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: F-56000

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: THIERRY  
Middle Name::  
Family Name:: GARCIA  
Name Suffix::  
City of Residence:: RAMBOUILLET  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing Address:: 12, AVENUE DU MARÉCHAL FOCH

Address::

City of Mailing Address:: RAMBOUILLET

State or Province of Mailing Address::

Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: F-78120

**Correspondence Information**

Correspondence Customer 00466

Number::

**Representative Information**

Representative Customer	00466
Number::	

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/FR04/01155	5/12/04

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
FRANCE	03/05864	5/16/03	Yes

**Assignment Information**

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::